

EXHIBIT B-2a

SHORT FORM NOTICE TO CONSUMERS

UNITED STATES DISTRICT COURT – DISTRICT OF MASSACHUSETTS

If You Made or Are Obligated to Make a Percentage Co-Payment or Full Payment for the GSK Drugs:

Kytril Injectable (Granisetron HCL)
Zofran Injectable (Ondansetron HCL)
or

Alkeran (Melphanan)
Kytril Tablets (Granisetron HCL)
Myleran (Busulfan)
Retrovir (Zidovudine)
Zofran Orals (Ondansetron HCL)

Imitrex (Sumatriptan)
Lanoxin (Digoxin)
Navelbine (Vinorelbine Tartrate)
Ventolin (Albuterol) or
Zovirax (Acyclovir)

A Proposed Class Action Settlement May Affect Your Rights.

Medicare Part B Beneficiaries (or their Heirs) are Included

There is a Proposed Settlement with GlaxoSmithKline (“GSK”), one of the Defendants in a class action lawsuit pending in the U.S. District Court for the District of Massachusetts. The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456..

What is the Class Action Lawsuit About?

The lawsuit claims that certain drug companies reported false and inflated average wholesale prices (“AWP”) for certain types of outpatient drugs. The reported AWP’s are often used to set prescription drug prices that are paid by Medicare, consumers and insurers. The lawsuit asks the Court to award money damages to some people who paid or made co-payments for the drug.

What Individuals are Class Members?

There are two sub-Classes for individual consumers who paid for the GSK Covered Drugs listed above.

- You are a member of **Medicare Co-Payment Class** if:
You made or are currently obligated to make a percentage co-payment under Medicare Part B for any of the GSK Covered Drugs listed above (or are an heir to someone who made such a co-payment) from January 1, 1991 to January 1, 2005. You are excluded from this Class if you made flat co-payments, or you were reimbursed or have the right to be reimbursed in full for your co-payments.

- You are a member of the **Private Payor Class** if:
You paid (or are currently obligated to pay) for any of the GSK Covered Drugs listed above outside of Medicare Part B, from January 1, 1991 to August 10, 2006 and

Your payment was (a) for the full amount out-of-pocket, or (b) your payment was a percentage co-payment. You're **not** included in the Class if you paid a fixed or flat co-payment.

What Are the Terms of the Settlement?

GSK has agreed to pay \$70 million to settle these and other related claims. A \$4.5 million payment to certain State Attorneys General, as well as attorneys' fees and the costs of administering the Proposed Settlement, will be deducted from the Settlement Fund before distributions to Class Members.

Thirty percent (30%) of the remaining fund will be distributed in cash to consumers who make valid claims. Seventy percent (70%) of the remaining fund will be set aside to pay the claims of insurer Class Members who submit a valid claim and other insurers who are members of a separate and independent group of Third-Party Payors (referred to as the "Independent Settling Health Plans" or "ISHPs") who have agreed to settle their claims against GSK for a portion of the Settlement funds.

Who Represents Me?

The Court has appointed attorneys to represent the Classes. Class Counsel will request that the Court award attorneys' fees not to exceed thirty-three and a third percent (33.33%) of the Proposed Settlement Fund, plus reimbursement of expenses. You may hire your own attorney, if you wish. However, you will be responsible for that attorney's fees and expenses

What Are My Legal Rights?

- **If you wish to remain a member of both Settlement Classes**, you do not have to do anything. But, to share in the Settlement Fund you must file a claim as discussed below. If the Court approves the Proposed Settlement, you will receive the benefits of the Proposed Settlement. You will also be bound by all the Court's orders. This means you will drop any claims you may have against GSK that are covered by the Settlement.
- **If you wish to file a claim**, you must complete a Claim Form. You can get a Claim Form by contacting the Claims Administrator in writing, at the address given below, or by calling the toll-free number. It is also available on the GSK AWP Settlement Web site. Claim Forms must be signed and postmarked no later than **Month Date, 2007**.
- **If you do not wish to be a member of either or both of the Settlement Classes**, you must sign a Request For Exclusion form as outlined in the *Notice of Proposed Class Action Settlement*. Your request must be postmarked no later than **Month Date, 2007**.

• **You can tell the Court if you do not like this Proposed Settlement** or some part of it if you do not exclude yourself. To object or comment, you must send a letter that is mailed and postmarked no later than Month Date, 2007, as outlined in the *Notice of Proposed Class Action Settlement*.

Will the Court Approve the Proposed Settlement?

The Court will hold a Final Approval Hearing on _____ at _____ to consider whether the Proposed Settlement is fair, reasonable, and adequate and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at that time.

For a Notice of Proposed Class Action Settlement and a Claim Form

Call toll-free: 1 800-xxx-xxxx or Visit: www.xxxxxxxx

**Or Write: GSK AWP Litigation Administrator, c/o of Complete Claim
Solutions, P.O. Box 24654, West Palm Beach, FL 33416**